

TRANSMITTAL LETTER

P010000098102

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MAIN STREET BUSINESS SOLUTIONS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: JENNIFER WILKINSON
Name (Printed or typed)

P.O. Box 351632
Address

JACKSONVILLE, FL 32235-1632
City, State & Zip

904-633-4795
Daytime Telephone number

000004621700-- 6
-10/03/01--01051--008
*****78.75 *****78.75

FILED

01 OCT -3 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles

G. BULLOCK OCT 09 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Main Street Business Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Mailing Address:

P.O. Box 351632
Jacksonville, FL 32235-1632

Principal Office:

2838 Lydia Street
Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Consulting

ARTICLE IV SHARES

The number of shares of stock is:

300 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jennifer Wilkinson, 2838 Lydia Street, Jacksonville, FL 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer Wilkinson, 2838 Lydia Street, Jacksonville, FL 32205

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/1/01
Date



Signature/Incorporator

10/1/01
Date

FILED
01 OCT -3 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA